

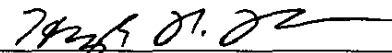


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 034 ****61.25

DOCUMENT # N39709 1. Entity Name TREDINGTON PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5232 GREYSTOKE LANE TALLAHASSEE, FL 32309 US			Mailing Address 5232 GREYSTOKE LANE TALLAHASSEE, FL 32309 US		
2. Principal Place of Business 5235 Outwood Mill Lane		3. Mailing Address 2910 Kerry Forest Pkwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. D4-172			
City & State Tallahassee, FL		City & State Tallahassee, FL			
Zip 32309		Country USA		Zip 32309	
Country USA		Country USA			
6. Name and Address of Current Registered Agent HAGEN, KRISTEN 5232 GREYSTOKE LANE TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Hugh R. Brown Street Address (P.O. Box Number is Not Acceptable) 5235 Outwood Mill Lane City Tallahassee FL Zip Code 32309		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u></u> DATE 5/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNY, LINDA 2944 COMPTON WAY TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, MELISSA 2966 N. UMBERLAND DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAGEN, KRISTEN 5232 GREYSTOKE LANE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hugh R. Brown 5235 Outwood Mill Lane Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HABERFELD, MAUREEN 2978 N. UMBERLAND DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Horbony 2941 Compton Way Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hugh R. Brown		
Date			Date 5/7/04		
Daytime Phone #			Daytime Phone # (850) 212-5280		